

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

4476

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

423

<p>02 02 PLACE OF DEATH AND 8303 AL RESIDENCE 5</p>	1. PLACE OF DEATH A. COUNTY <b>Cochise</b>			2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <b>Arizona</b> B. <b>Cochise</b>		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN <b>Douglas</b> )			C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN <b>Douglas</b> )		
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>Douglas, Hospital</b>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>813 14th</b>		
<p>DECEDENT PERSONAL DATA 173 7 950</p>	3. NAME OF DECEASED A. (FIRST) <b>Emma</b> B. (MIDDLE) <b>Z.</b> C. (LAST) <b>Belcher</b>			4. SEX <b>Female</b>		5. COLOR OR RACE <b>White</b>
	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED			17. DATE OF BIRTH MONTH <b>July</b> DAY <b>27</b> YEAR <b>1877</b>		8. AGE YEARS <b>73</b> MONTHS <b>1</b> DAYS <b>8</b>
	9B. KIND OF BUSINESS OR INDUSTRY			10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Iowa</b>		11. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>No</b>			13. SOCIAL SECURITY NO. <b>None</b>		
	14A. FATHER'S NAME <b>Unknown</b>			14B. BIRTHPLACE (STATE OR COUNTRY) <b>Unknown</b>		15A. MOTHER'S MAIDEN NAME <b>Unknown</b>
16. INFORMANT'S SIGNATURE <b>E. Belcher</b>			ADDRESS <b>813 14 Douglas, Ariz</b>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>Sept. 4, 1950</b>	

<p>5924 CAUSE OF DEATH (ITEM 18)</p>	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <b>Chronic Cardiac Disease</b>		<p>INTERVAL BETWEEN ONSET AND DEATH <b>7</b></p>
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		DUE TO (b) <b>Chronic Hypertension</b>		
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				

<p>PERATIONS, AUTOPSY</p>	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		<p>20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (IE. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		
<p>DEATH DUE TO EXTERNAL VIOLENCE</p>	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<p>21F. HOW DID INJURY OCCUR?</p>

<p>MEDICAL CORONER'S CERTIFICATION</p>	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>9/3</b> 19 <b>50</b> TO <b>9/4</b> 19 <b>50</b> . THAT I LAST SAW THE DECEASED ALIVE ON <b>9/3</b> 19 <b>50</b> . AND THAT DEATH OCCURRED AT <b>2:30</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
	23A. SIGNATURE <b>H. Allen</b>	IDEGREE OR TITLE <b>M.D.</b>	23B. ADDRESS <b>Douglas</b>

<p>FUNERAL DIRECTOR AND REGISTRAR</p>	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <b>September 6, 1950</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Douglas</b>	
	25A. DATE REC'D BY LOCAL REG. <b>2 Sept. 6/50</b>		25B. REGISTRAR'S SIGNATURE <b>Earl Adamson</b>		26. FUNERAL DIRECTOR'S SIGNATURE <b>Earl Adamson</b>		27. EMBALMER'S SIGNATURE <b>Earl Adamson</b>	